

FILED NOV 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33372

BIRTH NO.		REG. DIST. NO. 141		PRIMARY REG. DIST. NO. 5551		Registrar's No. 57	
1. PLACE OF DEATH a. COUNTY <u>Hawell</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Hawell</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hawell Township</u>		c. LENGTH OF STAY (in this place) <u>2</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Hawell Township</u>		d. STREET ADDRESS (If rural, give location) <u>0460</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>West Plains Rural</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>Walter</u>		b. (Middle) <u>Robert</u>		c. (Last) <u>Davidson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10-1-50</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W. H.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>2</u>		8. DATE OF BIRTH <u>Sept 6-1879</u>	
9. AGE (in years last birthday) <u>72</u>		10. AGE (in years last birthday) <u>0</u>		11. AGE (in years last birthday) <u>2.5</u>		12. AGE (in years last birthday) <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Stockman</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Hawell Co. Mo.</u>			
11. BIRTHPLACE (State or foreign country) <u>Hawell Co. Mo.</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>Ed. Davidson</u>				13b. MOTHER'S MAIDEN NAME <u>Blencheth Armstrong</u>			
14. NAME OF HUSBAND OR WIFE <u>Walter Davidson</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			
16. SOCIAL SECURITY NO. <u>379</u>				17. INFORMANT'S SIGNATURE OR NAME <u>Walter Davidson</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Coronary Artery Disease</u> <u>(Found dead in his house)</u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> 19a. DATE OF OPERATION <u>10-4-50</u>				19b. MAJOR FINDINGS OF OPERATION <u>Found dead in his house</u>			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				21. HOW DID INJURY OCCUR? <u>Found dead in his house</u>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. HOW DID INJURY OCCUR?	
21a. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21b. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ A. M., from the causes and on the date stated above.							
23a. SIGNATURE <u>Robert Davidson, M.D.</u> (Degree or title)				23b. ADDRESS <u>Hawell Co. West Plains, Mo.</u>		23c. DATE SIGNED <u>6 Oct 1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>10-4-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Lawn Cem. West Plains, Mo.</u>		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <u>10-27-50</u>		REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert Davidson</u>		ADDRESS <u>West Plains, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

460
1

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED OCT 30 1950
Dist. File 1050-2187
Date Filed 10-30-50

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Signed _____
Student Embalmer

Licensed Embalmer No. 4577

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.